DEPARTMENT OF ENVIRONMENT AND CONSERVATION DIVISION OF WATER POLLUTION CONTROL



NOTICE OF INTENT (NOI) WATER TREATMENT PLANT NPDES GENERAL PERMIT

Facil	ty Name: Bluff City WTP	County: Sullivan					
	Address cation: POBox 70, Bluff C, fg, TN 37	Latitude: Longitude:	37.18209 79.59198				
	entries must be in ink. Attach a copy of U.S.G.S. topographical map,	, a city map, or a county map, identifying t					
must be signed by a responsible corporate officer for a corporation, a general partner for a partnership, the proprietor for a sole proprietorship, or a principal							
executive officer or ranking elected official for a public agency. • If this NOI is submitted because of new operator or to update facility information (such as name of facility, new official contact person name, new E-mail address, etc.), provide the existing permit tracking number:							
	er or Operator: (the person or legal entity which controls facility's operation		e name or the o	official contact name)			
		, -					
1	official Contact Person Name: (individual responsible for a facility)	Title or Position:		· · · · · · · · · · · · · · · · · · ·			
	Don Weaver	10wn Manager					
	Mailing Address: PO Box 70, Bluff TN, TN 376/8	Town Manager City: Bluff City	State:	Zip: 37618			
	Phone:	E-mail:	1 / / /	3/6/8			
	(423) 538 - 7144						
	Local Contact Person Name: (if appropriate, write "same as #1")	Title or Position:					
	Donna Lawson	Operator					
2	Facility Address: (this may or may not be the same as street address)	Facility City:	State:	Zip:			
4	Underwood Springs Rd.	Bluff City	TN	37618			
	Phone:	E-mail:					
	(423) 794 -9595 Write in the how (to the might)	or circle the number (above) to indicate where					
PDO	-		e to seiki corre	spondence:			
PROCESS DESCRIPTION (Reply on a separate page, if necessary)							
Name of surface waters receiving the discharge (and the mileage point, if available). Underwood Springs Branch							
		he distance the plant is located from the intak	e point: if the s	nume is amundwater			
A description of the source of the raw water, if surface water is used, include the distance the plant is located from the intake point; if the source is groundwater, include the number and depth of wells.							
Ground water under surface influence							
A description of the plant, i.e. iron removal, manganese and/or turbidity removal, and a list of any additives used in the water treatment process, such as coagulant,							
oxidizing enhancers, etc.							
Turbidity removal using GPAC and Sodian hypochlorite for disinfection Design capacity of treatment plant in million orgallons per day (MGD): 325 Number and volume of sedimentation basins: (1) TANK: 23,000							
Average flow of finished water production in MGD over 12 months prior to submission of the NOI: 0.229 1 M6D							
	backwashing. Number of filters backwashed: 2 Frequency for each		er used to back	wash: // agg for			
each	filter. Frequency sedimentation basin is washed out:/ times per year	ar. Amount of water used to wash out the larg	est sedimentati	on basin: <u>Ø</u> gallons.			
Desc	ibe type of treatment provided for backwash and sedimentation basin was Kwash water is fifed into a holding tank a	shwaters and the design capacity of the treatm	nent system.	chamiac			
Wate	r is released from the backwash settling basin 45 times per week for 2	hours per release and a volume of 22	300 gallons per	release. For existing			
facility, give averages from last 12 months of operation. For new facilities, indicate "not available." Describe more fully, if necessary.							
AU6	015 Charge per release 0,023 MGD Backa	und water is released every to	wo weeks.				
A description of how sludge from the settling processes are disposed, for example, landfill, land applied, etc.							
Studge is removed as needed from the backwash tank by a contracted service.							
	TIFICATION AND SIGNATURE						
	ify under penalty of law that this document and all attachments were protected and applications and all attachments were protected as a second						
assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.							
I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.							
Dol	una J Lawson Operator	Jonn Som		12/14/10			
	Printed Name Official Title	Signature		Date			

STATE USE ONLY

Received Date	Domestic Water Supply Use	Protective for Lead Conc.	Tracking No. + 100 734 23	EAC
Impaired Receiving Stream	High Quality Water	T & E Aquatic Fauna	NOC Date	Reviewer

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Submit the original completed and signed form to:

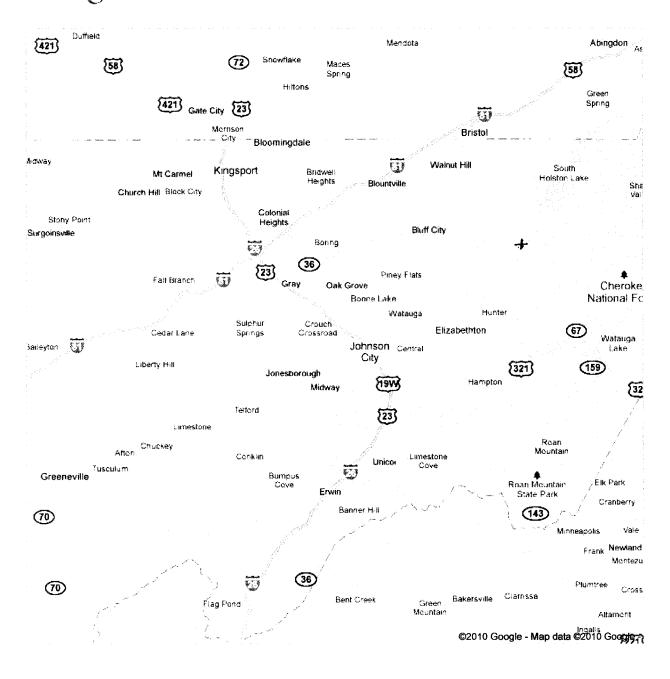
DEC 2 1 2010

WTP NOI **Division of Water Pollution Control** 6th Floor L&C Annex, 401 Church Street Nashville, TN 37243-1534

RDAs 2399 and 2400

Gougle maps

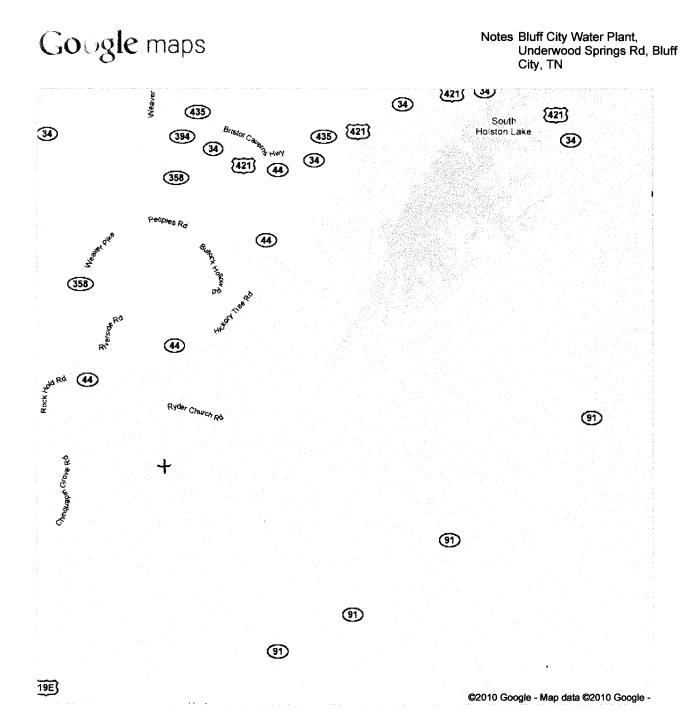
Notes Overview of Area around Bluff City, TN



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